

Best Available Copy

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

09/846167

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED <i>A</i>		AFTER <i>B</i> 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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5		/		/		
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TOTAL IND.	1	↓	3	↓		↓
TOTAL DEP.	3	↓	6	↓		↓
TOTAL CLAIMS	4		9			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS